

Community Development Department 6400 El Verde Road
Leon Valley, Teyes 78238

Leon Valley, Texas 78238 Phone: (210) 684-1391 x 226

BUILDING PERMIT APPLICATION

Fax: (210) 684-6988

REQUIREMENTS: (1) <u>Building Permit Application</u> , (3) <u>Plot Plans</u> , (3) <u>Building Plans with Specifications</u> NOTE: Allow <u>2 days to 2 weeks</u> for Plan Reviews and Permits								
Date:				Permit #:				
Part I Location of Building ((PLEASE PRI								
Location:		Zoning District:						
Subdivision:		Lot:	_Block:	СВ:				
Part II Type, Registration, Cost (Complete Sections A-D)	C-	1. Commercial Registration	D. Cost/R	Retail Value of Project				
A. Type of Improvement 1. □ New Building - Type:	□ Asbestos Survey included (For Existing Structures Only) Texas Department of Licensing and Regulation (TDLR) Registration #: C-2. Residential Registration Texas Residential Construction Commission (TRCC)		Part III Plan Details/Project Specifications/Foundation/Materials (Complete Sections E-I, if applicable) E. New Building Dimensions 1st Story: 2nd Story: No. of Rooms: No. of Rooms: No. of Bath: No. of Bath: Garage: Storage Shed:					
2. ☐ Residential—projects over \$20,000 complete Section C-2		gistration	Total Square Footage of New Building Project:					
F. <u>Current</u> Dimensions (pertains to existing buildings, additions, alterations, repairs, demolitions, and relocation only)	ıs	G. Altered Dimensions (pertains to existing buildings, a alterations, repairs, demolitions, relocations only)	and	H. Foundation Dimensions: Total Square Footage:				
1st Story: 2nd Story:		1st Story 2nd Story	/:					

			I. Materials						
			Floors:						
			Roof:						
			Exterior Walls:						
			Interior Walls:						
*****CALL FOR NEXT DAY INSPECTIONS***** revised08/04kmf									
Part IV. Notification/Identification Information (complete Sections J-L)									
J. Owner/Lessee Information	K. Contractor Information	L. A	L. Architect/Engineer						
Name:	Name:	Nam	Name:						
Address:	Address:	Add	Address:						
Phone No.:	Phone No.:	Phoi	Phone No.:						
Fax No.:	Fax No.:	Fax	Fax No.:						
Alternate	Alternate		Alternate						
Phone No:(Specify Type)	Phone No.: (Specify Type)	Phoi	Phone No.:(Specify Type)						
Separate permits are required for Electrical , Plumbing , Heating , Gas , Ventilation/Air Conditioning , Fences and Signs . This permit becomes null and void if work or construction authorized is not commenced within 6 months, or if construction or work is suspended or abandoned for a period of 6 months at any time after work is commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. Provisions of the adopted 2000 Uniform Building Code as well as laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.									
S	Signature of Applicant		Date						
<									
Section VI. Validation by Building Official									
Are the Following Items Required: (circle a	any applicable item(s))								
 Specific Use Permit Y N Building Inspection Y N 	5. Off-Street Parking Y 6. Health License/Review Y 7. Public Works Review Y 8. Electric Inspection/Review Y	N 10. L N 11. F	Tire Marshall Review Y N Andscaping Y N Rloodplain Permit Y N Vater & Sewer Y N						
Provide the Following:	Occupancy Class:	(Construction Class:						
Check Off One of the Following:									
□ BUILDING PERMIT APPROVED □ BUILDING PERMIT DENIED									
□ BUILDING PERMIT APPROVE	D WITH CONDITIONS*	Building Office	ial Signature Date						

COMMENTS/*CONDITIONS:	
COMMITTED COMPANIES.	
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